

EXAMPLE

Print Form

Enlistment Guarantees

Name (LAST, FIRST, MIDDLE, JR., ETC.)

Social Security Number

NAVY, JOE

000-00-0000

1. ACKNOWLEDGEMENT: In connection with my enlistment into the United States Navy () Component I hereby acknowledge that I am enlisting for a total Military Service Obligation (MSO) of 8 years. I fully understand and acknowledge that my MSO consists of an active duty obligation of months as indicated in the options listed below with the remaining months of my MSO served in the Individual Ready Reserve (IRR). I understand my contract has the following guaranteed options which require the indicated active duty service obligation(s):

Option 1	requires ## month active duty obligation and a voluntary extension of ## months to meet the rating, school, and program guarantee active duty obligation requirement and a voluntary extension of ## months to meet the enlistment bonus requirement.
Option 2	LOAN REPAYMENT PROGRAM (UP TO \$65,000)
Option 3	
Option 4	

2. I understand that I must be fully qualified at all times throughout my obligated service for all security, professional, military, physical, psychological, and academic requirements of the options guaranteed in the above section, and that my eligibility will be rechecked during recruit training and periodically throughout my enlistment.

3. The Navy will enroll me in the guaranteed options specified above. If, during the periodic reviews of my eligibility, I am found no longer eligible for the options listed above because of information I provided in my enlistment application; because of a physical or psychological disqualification; or because of some reason that is not due to my fault, negligence, or conduct, I may choose to be reclassified for an enlistment training program for which I'm qualified and a vacancy exists. In any event, the Navy may, at its option, choose to discharge me.

4. If I am not enrolled in the guaranteed options specified above because of some reason that is due to my fault, negligence, or conduct or if I am disenrolled for any other reason not specified in paragraph 3, then I lose that guarantee and, at the Navy's option, remain subject to continued Naval service. I also understand that if I am retained, I may be required to serve the rest of my enlistment. If given accelerated advancement, post-apprentice training, or any enlistment incentive, I may incur additional service as required by regulation. The Navy may, at its option, discharge me in accordance with law and regulation.

5. Place your initials in the applicable blocks:

I have read and received a copy of the Classifier Rating/Program Fact Sheet for the Rating/Program for which I am enlisting and the Statement(s) of Understanding required.	
I understand that in order to receive the enlistment bonus option that I must remain qualified and serve in the rating/program listed in Option 1.	
I understand that I may waive my homeport option while at recruit training and become eligible for assignment at the needs of the Navy. If I accept reclassification to another enlistment training program for any reason, then I understand the homeport guarantee option becomes null and void.	

WHOMEVER, CLASSIFIER

6/10/09

Signature of Classifier

NAVY, JOE S.

6/10/09

Signature of Enlistee

PRIVACY ACT NOTIFICATION This document contains information covered under the Privacy Act of 1974, 5 USC 552a and its various implementing regulations and must be protected in accordance with those provisions. You, the recipient/user, are obliged to maintain it in a safe, secure and confidential manner. Re-disclosure without consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality subjects you to application of appropriate sanctions. If you have received this correspondence in error, please notify the sender immediately and destroy any copies you have made.

ENSURE
THIS IS
FILLED
IN.

Annex

to DD Form 4 dated

NAVCURT 1133/52

(Rev. 02/09)

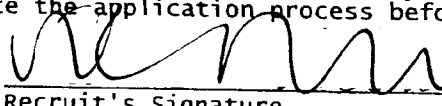
EXAMPLE

LRP.txt

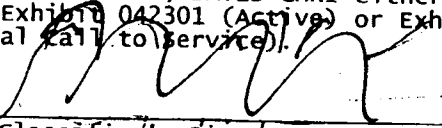
***** Request to add LRP option - 8 JUN 2009 *****

Recruit **NAVY,JOE** (SSN) has REQUESTED the
Loan Repayment Program (LRP) option and has asked that LRP
be ADDED to both the PRIDE record and Enlistment
Guarantees (NAVCRUIT 1133/52).

RECRUIT:
I knowingly and voluntarily request the LRP enlistment
option. I understand that I have 60 days from (DATE)
to submit my application for approval to the Navy. If the
application is not received within the 60 days, my request
will be administratively revoked by the classifier. If I
go on active duty before the 60 days time limit, then I must
complete the application process before my enlistment date.

SIGNED:  DATE: 20090609
Recruit's Signature

CLASSIFIER:
I confirm that I have explained the application procedures
and given PERRAULT, DAVID CHRI either COMNAVCRUITCOMINST
1130.8 Exhibit 042301 (Active) or Exhibit 041101
(National Call to Service).

SIGNED:  DATE: 20090609
Classifier's Signature

Classifier's Printed Name (STATION:)

Instructions:
1. COPY and PASTE this FORM to a NOTPAD document, then 'SAVE'
it to the PC directory of your choice. PRINT it.
2. Give a signed copy to the Recruit and keep a copy in the
residual file.

***** PRIVACY ACT STATEMENT *****

AUTHORITY: 10 USC 2171
PRINCIPAL PURPOSE: To ensure any Loan Repayment Program
guarantee listed in the recruit's enlistment guarantees
is consistent with the PRIDE reservation system.
ROUTINE USES: See principal purpose.
DISCLOSURE: Voluntary; however, failure to provide your
Social Security Number may delay shipping to boot camp.

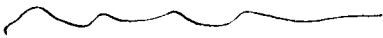
EXAMPLE

Statement of Understanding Loan Repayment Program


1. In connection with my enlistment into the U.S. Navy, I hereby acknowledge and understand:
 - a. I am enlisting for an incentive option: U.S. Navy Enlisted Loan Repayment Program.
 - b. I understand I am eligible to enroll in the Montgomery GI Bill Program but will not establish eligibility for benefits and meet the requirements of the program. DD Form 2366 will be used to document my selection.
 - c. The Loan Repayment Program is limited to \$65,000 total in loans. The loan(s) will be repaid in thirds of the original loan amount or unpaid principle balance at time of accession or \$1,500 (whichever is greater) starting after completion of my first year of service in a qualifying rating.
 - d. I understand that only certain loans qualify for the LRP. Loans which qualify for this program include those guaranteed under Title IV, Part B, D, or E of the Higher Education Act of 1965 (10 U.S.C. Section 510) and before entering active duty including:
 - 1) Federal Stafford; 2) Federal Perkins; 3) Federal Ford; 4) Federal PLUS (if the service member is the student); and 5) Federal Consolidated loans.
 - e. I have listed each DD 2475 eligible for repayment below:

DD Form 2475 Block 4g Type of Loan	DD Form 2475 Block 4e Name institution where payment is to be made	DD Form 2475 Block 4b Unpaid Principal Balance	DD Form 2475 Block 4d Original Loan Amount
MUST MATCH BLK 4G ON DD 2475	MUST MATCH BLK 4E ON DD 2475	\$ 10,592.00	\$ 10,000.00
↑ "		\$ 13,498.00	\$ 15,000.00
↓ "			
↓ "			

- f. I understand that all payments, less Federal and State taxes, will go directly to the lender. A W-2 or IRS 1099 will be sent to my command. To check on a W-2 call DFAS at 1-888-332-7411.
- g. I understand that I will not be reimbursed for payments I make or have already made to lenders. The Navy will not repay interest or associated fees on my loans.
- h. I understand that my loans must not be in default and must remain in good standing while I am on active duty. I understand that it is my responsibility to coordinate with my loan holder(s) regarding forbearance and deferment matters.
- i. I understand the DD Form 2475 must be submitted annually within 90 days to trigger a payment to lenders in block 4e.
- j. I understand that if I separate from enlisted status, my LRP benefits will stop.
- k. I understand that for the LRP payment process to begin I must first provide a scanned copy, complete with lender verification and signature, of my DD Form 2475 to the LRP Manager 90 days prior to my anniversary date. I will email the completed DD Form 2475 to NAVCRUITCOM (N5312) at cnrc_lrp-eb@navy.mil. Incomplete or improperly filled out forms will not be accepted. For instructions go to www.cnrc.navy.mil then select Enlistment Incentives.
- l. I understand that I may contact NAVCRUITCOM at (877) 747-7657 if I have questions regarding my LRP package.

Name: (Last, First, Middle)	Signature	Date
NAVY, JOE S.		2009 06 13

Applicants Email:	SOCIAL SECURITY NUMBER:

Name: (Navy Recruiting Official)	Signature	Date
SMITH, SHIPMATE		2009 06 13

NAVCRUIT 1133/75 (Rev 4-2010)

ENSURE DATES ARE THE SAME & THAT IT IS DATED ON OR AFTER
SIGNATURE DATE IN BLK 4 OF THE 2475.

EXAMPLE


IF LOAN IS IN DEFAULT IT IS INELIGIBLE

DOD EDUCATIONAL LOAN REPAYMENT PROGRAM (LRP) ANNUAL APPLICATION	CONTROL NO.	LOAN PROGRAM (X one)		OMB No. 0704-0152 OMB approval expires Oct 31, 2009
		<input checked="" type="checkbox"/> ACTIVE DUTY LRP		
		<input type="checkbox"/> HEALTH PROFESSIONALS LRP		
		<input type="checkbox"/> SELECTED RESERVE LRP		
<p>The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0152). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. FORWARD YOUR FORM TO THE ADDRESS LISTED IN SECTION 1, BLOCK a.</p>				
<p align="center">PRIVACY ACT STATEMENT</p> <p>AUTHORITY: 10 USC 2171, 2173, 16301, 16302, and EO 9397, November 1943 (SSN). PRINCIPAL PURPOSE: To administer the DoD Loan Repayment Program. ROUTINE USES: Release is restricted to the Department of Education, to the U.S. Public Health Service, to public and private higher educational institutions, to financial institutions, to the Internal Revenue Service, to private bill collection agencies. The information provided may be used in computer matching programs within the DoD or with any other affected Federal Agency for verification to determine your eligibility and/or compliance with the benefit program requirements being applied for herein and to effect recovery of any improper payments made toward delinquent debts owed by a beneficiary or former beneficiary. DISCLOSURE: Voluntary; however, failure to provide your Social Security Number may delay processing of your LRP application.</p>				
<p>1. PERSONNEL OFFICE VERIFICATION (To be completed by the designated personnel officer)</p>				
<p>a. FORWARD COMPLETED FORM TO THIS ADDRESS (Include ZIP Code)</p> <p>NRS NOWHERE 812 THAT STREET CITY, ST 00000</p>		<p>b. VERIFYING OFFICIAL. I certify that this servicemember has performed satisfactorily.</p> <p>(1) NAME (Last, First, Middle Initial) CLASSIFIER, WHOMEVER</p> <p>(2) SIGNATURE CLASSIFIERS SIGNATURE</p> <p>(3) DATE SIGNED (YYYYMMDD) 20090610</p>		
<p>2. SERVICEMEMBER DATA (To be completed by servicemember)</p>				
<p>a. NAME (Last, First, Middle Initial) NAVY, JOE S.</p>		<p>b. ADDRESS (Street, City, State, and ZIP Code) 444 SOMEWHERE ST CITY, ST 00000</p>		
<p>c. SOCIAL SECURITY NO. 000-00-0000</p>	<p>d. TELEPHONE NO. (Incl. Area Code) (###)###-####</p>	<p>I authorize the release of my financial data by lender/holder to complete entries in Section 4.</p>		
<p>e. E-MAIL ADDRESS DEPPERS EMAIL ADDRESS</p>	<p>f. TOTAL OF PRIOR PAYMENTS 5</p>	<p>g. SIGNATURE DEPPERS SIGNATURE</p>	<p>h. DATE SIGNED (YYYYMMDD) 20090610</p>	
<p>3. LOAN DATA (To be completed by servicemember)</p>				
<p>a. NAME ON THE LOAN (Last, First, Middle initial) NAVY, JOE S.</p>		<p>b. ORIGINAL DATE OF PROMISSORY NOTE (YYYYMMDD) 20050910</p>	<p>c. ORIGINAL LOAN AMOUNT \$10,000</p>	
<p>d. LOAN 1 OF 2 LOANS</p>	<p>e. LOAN ACCOUNT NUMBER 123456789</p>	<p>f. LOAN HOLDER NAME SALLIE MAE</p>		
<p>g. LOAN HOLDER ADDRESS (Include ZIP Code) PO BOX 4700 WILKES-BARRE, PA 18773</p>				<p>h. TELEPHONE NUMBER (Include Area Code) 1800-123-4567</p>
<p>4. LENDER VERIFICATION (To be completed by loan holder)</p>				
<p>a. LOAN IN DEFAULT (X one) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>		<p>b. UNPAID PRINCIPAL BALANCE \$10,592.00</p>	<p>c. OUTSTANDING BALANCE \$10,592.00</p>	<p>d. ORIGINAL LOAN AMOUNT \$10,000</p>
<p>e. NAME AND ADDRESS OF INSTITUTION WHERE PAYMENT IS TO BE SENT (Include ZIP Code) SALLIE MAE PO BOX 4700 WILKES-BARRE, PA 18773</p>		<p>f. FEDERAL TAX IDENTIFICATION NO. #####</p>	<p>g. TYPE OF LOAN (See Instructions) STAFFORD</p>	
		<p>h. IS THIS A CONSOLIDATED LOAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>i. LOAN INTEREST 4.5%</p>	<p>j. LOAN FEES 0</p>
<p>k. CERTIFYING OFFICER. As an official of the holding institution, I verify that this information is correct and current. Copy of the promissory note is enclosed.</p>				
<p>(1) NAME (Last, First, Middle Initial) BANK</p>	<p>(2) TITLE BANK</p>	<p>(3) SIGNATURE BANK</p>	<p>(4) DATE SIGNED (YYYYMMDD) 20090613</p>	
<p align="center">FORWARD THIS FORM TO THE ADDRESS LISTED IN SECTION 1, BLOCK b.</p>				
<p>5. REMARKS (Continue on back if necessary)</p>				

LENDER FILLS OUT BLOCK 4.

MASTER PROMISSORY NOTE CAN COVER ALL STAFFORDS WITH SAME LENDER UNDER SAME ACCOUNT

EXAMPLE

Federal Family Education Loan Program (FFELP)		Guarantor, Program, or Lender Identification	
Federal Stafford Loan Master Promissory Note			
WARNING: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines, imprisonment, or both, under the United States Criminal Code and 20 U.S.C. 1097.			
Borrower Information		Please print neatly in type. Read the instructions carefully.	
1. Last Name First Name MI NAVY, JOE S.		2. Social Security Number ***-**-****	
3. Permanent Street Address (if P.O. Box, see instructions) City State Zip Code		4. Home Phone Code/Telephone Number () - 5. Date of Birth (Month/Day/Year) /	
6. Driver's License State and Number State Zip Code		7. E-mail Address	
8. Lender Name City State Zip Code		9. Lender Code (if any)	
10. References: You must provide two separate references with different U.S. addresses. The first reference should be a parent (or father) or legal guardian. Both references must be completed in full.			
Name A. B. Permanent Address City, State/Zip Code E-mail Address Area, Dealer/Telephone Number Relationship to Borrower			
11. Requested Loan Amount: I request a total amount of unsubsidized and unsubsidized loans under this Master Promissory Note not to exceed the allowable maximums under the Higher Education Act. My school will notify me of the type(s) and amount(s) of loan(s) that I am eligible to receive. I may cancel my loan or request a lower amount by contacting my lender or school. Additional information about my right to cancel a loan or request a lower amount is included in the Borrower's Rights and Responsibilities Statement.		12. Interest Payments (Optional): <input type="checkbox"/> I want to pay unsubsidized interest while I am in school.	
Borrower's Total Amount Disbursed \$		Read carefully before signing below.	
13. Under A. The \$ disbursed / / / / / B. I've Total Amount Disbursed \$ / / / / / expenses for attendance on at least a half-time basis on any campus where I am attending my loan eligibility. C. (i) \$ disbursed / / / / / (ii) \$ disbursed / / / / / (iii) \$ disbursed / / / / / (iv) \$ disbursed / / / / / Total Amount Disbursed \$ / / / / /		D. I authorize my school to pay to the lender any refund that may be due up to the full amount of the loan(s). E. I authorize the lender, the guarantor, or their agents, to investigate my credit record and report information concerning my loan status to persons and organizations permitted. F. I request \$ disbursed / / / / / any toward my principal interest of \$ disbursed / / / / / (capital) \$ disbursed / / / / / during the deferral period. Total Amount Disbursed \$ / / / / / G. I authorize the release of information pertinent to my loan: (i) to the lender, and the guarantor, and (ii) by Education, to the Free App agencies and the FFELP. Total Amount Disbursed \$ / / / / /	
14. For \$ \$ disbursed / / / / / I received \$ \$ disbursed / / / / / below \$ \$ disbursed / / / / / A. I've \$ \$ disbursed / / / / / Pro \$ \$ disbursed / / / / / B. I've \$ \$ disbursed / / / / / Total Amount Disbursed \$ / / / / /		H. I authorize the release of information pertinent to my loan: (i) to the lender, and the guarantor, and (ii) by Education, to the Free App agencies and the FFELP. Total Amount Disbursed \$ / / / / /	
Promise to Pay In this Master Promissory Note (MPN), "Borrower" refers to, and this MPN benefits, the original lender and its successors and assigns, including any subsequent holder of this MPN.			
15. I promise to pay to the order of the lender all loan amounts disbursed under the terms of this MPN, plus interest and other charges and fees that may become due as provided in this MPN. I understand that payments on my loan may be made to me under this MPN. I understand that by accepting any disbursements acted at any time under this MPN, I agree to repay the loans. I understand that, within certain time frames, I may cancel or reduce the amount of any loan by refusing to accept or by returning all or a portion of any disbursement that is received. Unless I make interest payments, interest that accrues on my unsubsidized loans during in-school, grace, and deferment periods will be added as provided under the Act to the principal balance of such loans. If I do not make any payment on any loan made under this MPN when it is due, I will also pay reasonable collection costs, including but not limited to attorney's fees, court costs, and other fees. I will not sign this MPN before reading the entire MPN, even if I am told not to read it, or told that I am not required to read it. I am entitled to an exact copy of this MPN and the Borrower's Rights and Responsibilities Statement, my signature certifies I have read, understood, and agree to the terms and conditions of this MPN, including the Borrower's Rights and Responsibilities Statement, the Notice About Subsequent Loans Made Under This MPN, and the Borrower's Rights and Responsibilities Statement.			
I UNDERSTAND THAT I MAY RECEIVE ONE OR MORE LOANS UNDER THIS MPN, AND THAT I MUST REPAY ALL LOANS THAT I RECEIVE UNDER THIS MPN.			
16. Borrower's Signature		17. Today's Date (Month/Day/Year)	

2764B (10/04)
FGLAAA

LENDER COPY A



Additional MPN provisions follow

EXAMPLE

DOD EDUCATIONAL LOAN REPAYMENT PROGRAM (LRP) ANNUAL APPLICATION	CONTROL NO.	LOAN PROGRAM (X one)		OMB No. 0704-0152 OMB approval expires Oct 31, 2009
		<input checked="" type="checkbox"/>	ACTIVE DUTY LRP	
		<input type="checkbox"/>	HEALTH PROFESSIONALS LRP	
		<input type="checkbox"/>	SELECTED RESERVE LRP	

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0152). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.
FORWARD YOUR FORM TO THE ADDRESS LISTED IN SECTION 1, BLOCK a.**

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 2171, 2173, 16301, 16302, and EO 9397, November 1943 (SSN).
PRINCIPAL PURPOSE: To administer the DoD Loan Repayment Program.
ROUTINE USES: Release is restricted to the Department of Education, to the U.S. Public Health Service, to public and private higher educational institutions, to financial institutions, to the Internal Revenue Service, to private bill collection agencies. The information provided may be used in computer matching programs within the DoD or with any other affected Federal Agency for verification to determine your eligibility and/or compliance with the benefit program requirements being applied for herein and to effect recovery of any improper payments made toward delinquent debts owed by a beneficiary or former beneficiary.
DISCLOSURE: Voluntary; however, failure to provide your Social Security Number may delay processing of your LRP application.

1. PERSONNEL OFFICE VERIFICATION (To be completed by the designated personnel officer)

a. FORWARD COMPLETED FORM TO THIS ADDRESS (Include ZIP Code) NRS NOWHERE 812 THAT STREET CITY, ST 00000	b. VERIFYING OFFICIAL. I certify that this servicemember has performed satisfactorily.		
	(1) NAME (Last, First, Middle Initial) CLASSIFIER, WHOMEVER		
	(2) SIGNATURE CLASSIFIERS SIGNATURE		(3) DATE SIGNED (YYYYMMDD) 20090610

2. SERVICEMEMBER DATA (To be completed by servicemember)

a. NAME (Last, First, Middle Initial) NAVY, JOE S.		b. ADDRESS (Street, City, State, and ZIP Code) 444 SOMEWHERE ST CITY, ST 00000	
c. SOCIAL SECURITY NO. 000-00-0000	d. TELEPHONE NO. (Incl. Area Code) (###)###-####	I authorize the release of my financial data by lender/holder to complete entries in Section 4.	
e. E-MAIL ADDRESS DEPPERS EMAIL ADDRESS	f. TOTAL OF PRIOR PAYMENTS 6	g. SIGNATURE DEPPERS SIGNATURE	h. DATE SIGNED (YYYYMMDD) 20090610

3. LOAN DATA (To be completed by servicemember)

a. NAME ON THE LOAN (Last, First, Middle initial) NAVY, SUE	b. ORIGINAL DATE OF PROMISSORY NOTE (YYYYMMDD) 20041002	c. ORIGINAL LOAN AMOUNT \$15,000
d. LOAN 2 OF 2 LOANS	e. LOAN ACCOUNT NUMBER 123456789-2	f. LOAN HOLDER NAME SALLIE MAE
g. LOAN HOLDER ADDRESS (Include ZIP Code) PO BOX 4700 WILKES-BARRE, PA 18773		h. TELEPHONE NUMBER (Include Area Code) 1800-123-4567

4. LENDER VERIFICATION (To be completed by loan holder)

a. LOAN IN DEFAULT (X one) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	b. UNPAID PRINCIPAL BALANCE \$13,498.00	c. OUTSTANDING BALANCE \$13,498.00	d. ORIGINAL LOAN AMOUNT \$15,000
e. NAME AND ADDRESS OF INSTITUTION WHERE PAYMENT IS TO BE SENT (Include ZIP Code) SALLIE MAE PO BOX 4700 WILKES-BARRE, PA 18773		f. FEDERAL TAX IDENTIFICATION NO. #####	g. TYPE OF LOAN (See Instructions) PLUS
h. IS THIS A CON-SOLIDATED LOAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		i. LOAN INTEREST 4.5%	j. LOAN FEES 0

k. CERTIFYING OFFICER.
As an official of the holding institution, I verify that this information is correct and current. Copy of the promissory note is enclosed.

(1) NAME (Last, First, Middle Initial) BANK	(2) TITLE BANK	(3) SIGNATURE BANK	(4) DATE SIGNED (YYYYMMDD) 20090614
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FORWARD THIS FORM TO THE ADDRESS LISTED IN SECTION 1, BLOCK b.

5. REMARKS (Continue on back if necessary)

→ LENDER FILLS OUT BLOCK 4.

IF THE PLUS LOAN IS IN THE PARENTS NAME, THE DEPPER'S INFO MUST APPEAR IN "STUDENT SECTION" EXAMPLE

Application and Promissory Note for Federal PLUS Loan

OMB No. 1845-0093 Form Approved Exp. Date 10/31/2004

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines or imprisonment under the United States Criminal Code and 20 U.S.C. 1097.

Guarantor or Program Identification

Borrower Section (To be completed by the parent.)

Please print neatly or type. Read the instructions carefully.

1. Last Name NAVY, SUE		2. Social Security Number ***-**-****
3. Permanent Street Address (If P.O. Box, see instructions.)		4. Telephone Number ()
City	State	Zip Code
8. Lender Name		9. Lender Code, if known
11. U.S. Citizenship Status (Check one and list ID number if applicable.) <input checked="" type="checkbox"/> a. Citizen/National <input type="checkbox"/> b. Eligible Non-Citizen Alien ID #		10. Requested Loan Amount \$
12. a. State of Legal Residence b. Since (Month/Year)		13. Employer (Name, City, State) Telephone Number ()
14. Are you currently in default on a federal education loan, or do you owe a refund on a federal student grant? If yes, carefully read instructions and attach required documentation. <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No		
15. If the school your dependent is attending participates in electronic funds transfer (EFT), do you authorize the school to transfer the loan proceeds received by EFT to your dependent's student account? <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No		
16. Do you have an outstanding Federal Stafford, Supplemental Loan for Students, Parent PLUS, or Consolidation Loan which was disbursed before July 1, 1993? If you checked "yes", do you want to postpone (defer) payment of the principal of this loan based on the student's in-school status? If you checked "yes" to Box (a) and (c), do you want the interest that accrues on this loan deferred and capitalized? If no, you will be required to pay the interest. <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No <input type="checkbox"/> c. Yes <input type="checkbox"/> d. No <input type="checkbox"/> e. Yes <input type="checkbox"/> f. No		
17. References: You must provide two separate references with different U.S. addresses. Both references must be completed below.		
Name 1. 2.		
Permanent Address		
City, State, Zip Code		
Area Code/Telephone ()		

Promissory Note

Continued on the reverse side.

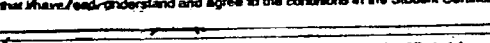
Promise to Pay: I promise to pay to the lender, or a subsequent holder of this Promissory Note, all sums disbursed (hereafter "loan" or "loans") under the terms of this Note, plus interest and other fees which may become due as provided in this Note. If I fail to make payments on this Note when due, I will also pay reasonable collection costs, including attorney's fees, court costs and collection fees. I understand I may cancel or reduce the size of any loan by refusing to accept any disbursement that is issued. I understand that this is a Promissory Note. I will not sign this Note before reading it, including the writing on the reverse side, even if otherwise advised. I am entitled to an exact copy of this Promissory Note and the Borrower's Rights and Responsibilities. My signature certifies I have read, understand, and agree to the terms and conditions of this Application and Promissory Note, including the Borrower Certification and Authorization, and the accompanying Borrower's Rights and Responsibilities statement.

THIS IS A LOAN THAT MUST BE REPAYED.

18. Borrower's Signature  Today's Date (Month/Day/Year)

Student Section (To be completed by the student.)

Please print neatly or type. Read the instructions carefully.

19. Last Name NAVY, JOE S.		20. Social Security Number ***-**-****	21. Date of Birth (Month/Day/Year) 2004 OCT 02
22. U.S. Citizenship Status (Check one and list ID number if applicable.) <input type="checkbox"/> a. Citizen/National <input type="checkbox"/> b. Eligible Non-Citizen Alien ID #		23. Are you currently in default on a federal education loan, or do you owe a refund on a federal student grant? If yes, carefully read instructions and attach required documentation. <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No	
24. My signature certifies that I have read, understand and agree to the conditions in the Student Certification and Authorization printed on the reverse of this Application and Promissory Note.			
Student's Signature 		Today's Date (Month/Day/Year)	

School Section (To be completed by an authorized school official.)

25. School Name		31. School Code/Branch	36. Telephone Number ()
26. Street Address		32. Cost of Attendance \$.00	37. Recommended Disbursement Date(s) (Month/Day/Year)
City	State	Zip Code	23. Estimated Financial Aid \$.00
27. Loan Period (Month/Day/Year) From: To:		28. Grade Level	34. Certified Loan Amount \$.00
29. Enrollment Status (Check one.) <input type="checkbox"/> At Least Half Time		35. Signature of Authorized School Official/Date (See School Certification form on the reverse side.)	
30. Anticipated Completion (Graduation) Date (Month/Day/Year)		Print or Type Name and Title	
		Check box if electronically transmitted to guarantor <input type="checkbox"/>	

Lender Section (To be completed by an authorized lending official.)

38. Lender Name		39. Lender Code/Branch	40. Telephone Number ()	41. Amount Approved
Street Address		42. Signature of Authorized Lending Official		43. Lender Use Only
City	State	Zip Code	Print or Type Name and Title	Date

1ST LENDER - ORIGINAL